## RECEIVED **CENTRAL FAX CENTER**

JAN 3 1 2007

PTO/SB/122 (09-03) Approved for use through 11/30/2005. OMB 0851-0035

NO. 0384

P. 3

|   | U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERC                         |
|---|--|
| Inder the Programmy Posturies And of 4000                                 |  |
| Officer die Paparatia recognition Act of 1860, no parsons are required to | (PRODUCTO 2 collection of information unless it dealers a set of the accuracy        |
|   | respond to a collection of information unless it displays a valid OMB control number |
|   |  |
|   |  |

## 6,861,219 Patent Number **CHANGE OF CORRESPONDENCE ADDRESS** 03/01/2005 Issue Date Application Shahzi labal First Named Inventor 1637 Address to: Art Unit Commissioner for Patents Christopher M. Babic Examiner Name P.O. Box 1450 Alexandria, VA 22313-1450. 1495-0001 Attomey Docket Number

| Please change the Correspondence Address for the  | above-identified patent ep               | plication to:                    |          |  |
|---|--|----------------------------------|----------|--|
| Customer Number: 3445   | 6  |                                  |          |  |
| OR  |  |                                  |          |  |
| Firm or Individual Name   | LARSON NEWMAN ABEL POLANSKY & WHITE, LLP |                                  |          |  |
| Address   |  |                                  |          |  |
| Address   |  |                                  |          |  |
| City  | State                                    | Zip                              |          |  |
| Country   |  | <u>[ s.</u> ip                   |          |  |
| Telephone   | Fax                                      | _                                | 1.0      |  |
| This form cannot be used to change the data associated with an existing Customer Number u Change" (PTO/SB/124).  I am the:  Applicant/Inventor  | sse "Request for Customer                | er, To change the<br>Number Data |          |  |
| Assignee of record of the entire Interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |  |                                  |          |  |
| Attorney or Agant of record. Registration   | n Number                                 | 50.776                           |          |  |
| Registered practitioner named in the application transmittal letter in an application without an executed eath or declaration. See 37 CFR 1.33(a)(1). Registration Number                             |  |                                  |          |  |
| Typed or Printed Name John R. Schell  |  |                                  |          |  |
| Signature L.114h  | · · · · · · · · · · · · · · · · · · ·    |                                  |          |  |
| Date 01-31-07   | Telephone                                | (312)                            | 439-7100 |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |  |                                  |          |  |
| Total of 2 forms are submitted.   |  |                                  |          |  |

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an explication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief unformation Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.